

Region 4 Agreement Request Form

Contract General Information:

Project Title:

(Brief Description of services needed and location)

DGS Billing Code:

(See [DGS Billing Code-Account Code Instructions](#))

Maximum Budget Request:

Term Start Date:

(Leave Blank if Upon Approval)

Term End Date:

Project County Location:

Payment Terms:

<input type="checkbox"/> Monthly	<input type="checkbox"/> Lump Sum
<input type="checkbox"/> Quarterly	<input type="checkbox"/> 10% Withhold
<input type="checkbox"/> Annually	<input type="checkbox"/> Itemized Invoice

Civil Service Considerations:

(What market research was done, what state agencies were contracted, explain why other state agencies can't do the requested service – [See Civil Service Instructions](#))

Justification for Contracting Outside of Civil Service:

(Include [19130 \(b\) code](#), explanation must be more than just a copy of the 19130 code – [See Civil Service Instructions](#))

Region 4 Agreement Request Form – Known Contractor

Company Name	Telephone Number	Fax Number (if applicable)
Address		
Indicate your organization type:		
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
Federal Employee ID No. (FEIN)	California Corporation No.	
Indicate applicable license and/or certification information:		
Bidder's Name	Bidder's Title	
Signatory Name	Signatory Title	
Signatory Telephone Number	Signatory Email Address	
Certified with the Department of General Services, Office of Small Business and DVBE Services (OSDS) as:		
a. California Small Business Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number:	b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number:	
c. Non-Small Business Subcontractor Preference Yes <input type="checkbox"/> No <input type="checkbox"/>		
NOTE: A copy of Certification is required and MUST be included if either of the above items are checked "Yes".		
Date application submitted to OSDS (if application is pending):		